

UNITED STATES DISTRICT COURT

FILED
U.S. DISTRICT COURT
AUGUSTA DIV.

for the

Southern District of Georgia8th

Division

2021 APR -1 P 3:48

CLERK
SO. DIST. OF GA.

Case No.

(to be filled in by the Clerk's Office)

Willie Lewis (SFC RET USA)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

ATTN-v- Bryant bc 93dJoe PernaJohn StankeyJohn MahlikMichael Kirby

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☐ Yes ☒ No

CV121- 059

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Willie Lewis Jr (SFC RET USA)

Street Address

4817 Goldenleaf Lane

City and County

Augusta Richmond

State and Zip Code

Georgia 30906

Telephone Number

706-550-7674

E-mail Address

Kobrien@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name AT&T
 Job or Title (if known) Corporation
 Street Address 208 S. Akard St
 City and County Dallas
 State and Zip Code TX 75202
 Telephone Number 210-821-4105
 E-mail Address (if known) UNK

Defendant No. 2

Name Mr John Stankey
 Job or Title (if known) CEO
 Street Address 208 S. Akard St
 City and County Dallas
 State and Zip Code TX 75202
 Telephone Number 210-821-4105
 E-mail Address (if known) UNK

Defendant No. 3

Name John Hahlik
 Job or Title (if known) Area Network Manager
 Street Address _____
 City and County Kokomo Howard
 State and Zip Code IND 46901
 Telephone Number 765-454-4004 - 765-659-1900
 E-mail Address (if known) UNK

Defendant No. 4

Name Joe Parnet
 Job or Title (if known) Asset Protection Agent
 Street Address UNK
 City and County Dallas 75202
 State and Zip Code TX
 Telephone Number 210-821-4105
 E-mail Address (if known) UNK

L. B. Con't Defendant

Michael Kirby

Customer Service Representative

221 15th Street

Cairo Alexander

IL 62914

618-444-1824

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name

#⁴ AT&T

Street Address

221 15th Street

City and County

Cairo Alexander

State and Zip Code

IL 62914

Telephone Number

618-734-9964

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law (specify the federal law):



Relevant state law (specify, if known):



Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
☐ Termination of my employment.
☐ Failure to promote me.
☐ Failure to accommodate my disability.
☐ Unequal terms and conditions of my employment.
☒ Retaliation.
☐ Other acts *(specify)*: _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

09-21-20 - 09-23-20

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.
☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race _____
☒ color _____
☐ gender/sex _____
☐ religion _____
☐ national origin _____
☐ age *(year of birth)* _____ *(only when asserting a claim of age discrimination.)*
☒ disability or perceived disability *(specify disability)*

Disable Veteran with Multiple Disabilities

E. The facts of my case are as follows. Attach additional pages if needed.

1. WAS falsely accused of not being disabled by defendants
2. Was thought to be illiterate.
3. Was treated like a criminal

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

01-05-2021

- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date) 01-11-2021.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

CONSIDERING I WAS EMPLOYED BY AT&T ON JAN 24, 2000 WITH AN INCENTIVE TO TRANSFER BACK IN GEORGIA WHICH WAS NEVER HONORED BY AT&T AND THEN TO BE HUMILIATED BY AN OVER ZEALOUS GROUP OF EMPLOYEES TOWARD 2/3 OF AN OTHERWISE TROUBLELESS CAREER. I'M AT A LOSS FOR THE AMOUNT I CAN BE COMPENSATED FOR THAT.

I never moved my home of record so I spent 20 Plus years driving back and forth to Georgia without being compensated and would like to be reimburse for all expenditures in the amount of \$1,500.000

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.


A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 04-01-2021

Signature of Plaintiff

Printed Name of Plaintiff


Willie Lewis Jr (SFC RET USA)

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

EEOC Form 161 (11/18)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Willie Lewis**
4817 Goldenleaf Lane
Augusta, GA 30906

From: **Atlanta District Office**
100 Alabama Street, S.W.
Suite 4R30
Atlanta, GA 30303



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

560-2021-00071

John R. Jarvis,
Investigator

(404) 562-6883**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred **more than 2 years (3 years)** before you file suit may not be collectible.

On behalf of the Commission

Digitally signed by Derick Newton
 DN: cn=Derick Newton, o=ATDO, ou=EEOC,
 email=derick.newton@eoc.gov, c=US
 Date: 2021.01.08 11:21:30 -0500

Derick Newton

For

01-08-2021

Enclosures(s)

Darrell E. Graham,
District Director

(Date Mailed)

cc:

Laura Givens
HR Employee Relations Manager
1057 Lenox Park Blvd., Rm C-210
Atlanta, GA 30319

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 560-2021-00071	
_____ and EEOC State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) MR. WILLIE LEWIS		Home Phone (706) 550-7670	Year of Birth 1958
Street Address City, State and ZIP Code 4817 GOLDENLEAF LANE, AUGUSTA, GA 30906			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name AT&T		No. Employees, Members 501+	Phone No. (678) 387-4537
Street Address City, State and ZIP Code 221 15TH STREET, CAIRO, IL 62914			
Name 		No. Employees, Members 	Phone No.
Street Address City, State and ZIP Code 			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 09-21-2020 10-26-2020 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I began working for the above named employer on or about January 24, 2000, as a Telecommunication Specialist. My employer has known I am a qualifying individual with a disability since I was hired. On or about September 21, 2020, I was called into a meeting regarding my FML. I requested that we suspend the meeting to the following day, but I was suspended. On October 26, 2020, I retired. I believe I have been discriminated against because of my disability and for using my family medical leave, in violation of Title I of the Americans with Disabilities Act of 1990, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct. Digitally signed by Willie Lewis on 01-05-2021 02:25 AM EST		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

Willie Lewis SFC RET USA

4817 Goldenleaf Lane

Augusta GA 30906

US District Court Clerk

600 James Brown Blvd

Augusta GA 30901